PTO/SB/17 (12-04v2)
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	Effective on 12/0				Complete	e if Known			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number	10/656,074				
FEE TRANSMITTAL for FY 2005				Filing Date	09/25/03	09/25/03			
				First Named Inventor	Vincent Demo	oulin			
			Examiner Name	Don Nguyen	Don Nguyen Vo				
☐ Applicant clair	ns small entity	status. See 3	37 CFR 1.27	Art Unit	2611				
TOTAL AMOUNT O	F PAYMENT	(\$) 1860	.00	Attorney Docket No.	PU020110				
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EE CALCULATION		· · · · · · · · · · · · · · · · · · ·							
. BASIC FILING, SE									
	FILING FE	ES Small Entity	SEAF	RCH FEES Small Entity	EXAMINA	TION FEES Small E	intity		
pplication Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)		
Itility	300	150	500	250	200	100			
esign	200	100	100	50	130	65			
lant	200	100	300	150	160	80			
teissue	300	150	500	250	600	300			
rovisional	200	100	0	0	0	0			
. EXCESS CLAIM F	EES					Small (Entity		
ee Description					Fee	<u> </u>	Fee (\$)		
ach claim over 20 (incl	uding Reissues)				50		25		
ach independent claim	over 3 (including	Reissues)			200	1	100		
lultiple dependent clain	าร				360	İ	180		
otal Claims	-	ra Claims	<u>Fee (\$)</u>	Fee Paid (\$)		Itiple Depend			
- 20 P = highest number of	or HP = total claims paid	for, if greater that		-	<u>Fee</u>	<u>∍ (\$)</u>	Fee Paid (\$)		
ndependent Claims	Ext	ra Claims	Fee (\$)	Fee Paid (\$)					
P = highest number of		ms paid for, if gr	eater than 3.						

3. APPLICATION SIZE FEE

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If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x		_ =
4. OTHER FEE(S)				Fees Paid (\$)
Three-Month Extension				\$1050.00
DOE				\$810.00

SUBMITTED BY					
Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	818-260-3727
Signature	War ?	Mel		Date	5/23/08
	1				

his collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentialit governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Intelligent the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief reformation Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Abaxandris, V.A. 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS END TO: Commissioner for Patents, P.O. Box 1450, Abaxandris, V.A. 23313-1450, Intelligent the form, call 1980-PTO-8199 and select option. 2

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Signature

	Effective on 12/	08/2004		1				
Fees pursuant to the			(H.R. 4818).	ļ		Compl	lete if Known	
, ,				Application N	Application Number 10/656,074			
FEE TRANSMITTAL				Filing Date		09/25/03		
for FY 2005				First Named	Inventor	Vincent De	moulin	
2008				Examiner Na	me	Don Nguye	en Vo	
Applicant clair	ns small entity	status. See	37 CFR 1.27	Art Unit	<u>-</u>	2611		
TOTAL AMOUNT C	OF PAYMENT	(\$) 1860	.00	Attorney Doc	ket No.	PU020110		
METHOD OF PAYMENT	(check all that app	nly)						
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FEE CALCULATION	<u> </u>							
1. BASIC FILING, SE	FILING FI			CH FEES Small E n				II Entity
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)		Fee (\$)	Fee (Fees Paid
Utility	300	150	500	250		200	100	
Design	200	100	100	50		130	65	
Plant	200	100	300	150		160	80	
Reissue	300	150	500	250		600	300	
Provisional	200	100	0	0		0	0	
T TOVISIONAL	200		J	•		•	•	
2. EXCESS CLAIM F	EES					_		all Entity
Fee Description						_	ee (\$)	<u>Fee (\$)</u>
Each claim over 20 (incl Each independent claim		Poissups)					50 200	25 100
Multiple dependent claim		(Neissues)					60	180
Total Claims		ra Claims	Fee (\$)	Fee Paid (\$))	_		endent Claims
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	or HP =	X		=	_			
HP = highest number of	independent cia	ms paid for, ir gr	eater than 3.					
3. APPLICATION SIZE If the specification and listings under 37 CFF sheets or fraction the	d drawings exe R 1.52(e)), the	application size	e fee due is \$25	i0 (\$125 for sm	•			r
<u>Total Sheets</u> - 100 =	Extra She	ets <u>Nu</u> /50 =	mber of each a	additional 50 and up to a who			Fee (\$)	<u>Fee Paid</u>
4. OTHER FEE(S) Three-Month Extension								Fees Pai \$1050.00 \$810.00
SURMITTED BY		:						
SUBMITTED BY	· · · · · · · · · · · · · · · · · · ·		Registration No.			F	T	
Name (Print/Type)	Vincent E. Duffy		(Attorney/Agent)	39	,964	Telept	none 818	-260-3727

Date

5/23/08